

# Montgomery County Department of Health and Human Services

## Eating and Drinking Establishment Survey Form

### *New Facilities and Change of Ownership*

If your facility wishes to participate in this program, please fill out this form completely. Please send or deliver this form to *Montgomery County Department of Health and Human Services, Licensure and Regulatory Services, 401 Hungerford Drive, First Floor, Rockville, Maryland 20850.*

<b>Facility Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Web Address</b>	

<b>Hours/Days of Operation:</b>			
<b>Entrée Prices:</b>	\$10 or less ____	\$11 through 19 ____	More than \$20 ____
<b>Meals Served:</b>	Breakfast ____	Lunch ____	Dinner ____ Other ____
<b>Children's Menu:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Delivery:</b>	<input type="checkbox"/> Yes ____ <input type="checkbox"/> No ____
<b>Alcoholic Beverages:</b>	Beer ____	Wine ____	Liquor ____
<b>Smoke-free Facility:</b>	Yes ____	No ____	
<b>Service Style:</b>	Fine Dining ____	Casual ____	Buffet ____ Fast Food ____
	Carry-out ____	Catering ____	Outdoor Dining ____ Other ____

<b>Cooking Style</b>			
American <input type="checkbox"/> Barbecue <input type="checkbox"/> Hamburger <input type="checkbox"/> Homestyle <input type="checkbox"/> Pizza <input type="checkbox"/> Seafood <input type="checkbox"/> Chicken <input type="checkbox"/> Steaks <input type="checkbox"/> Subs	African Cajun Caribbean Chinese French German Greek Indian Irish	Italian Japanese Korean Latin American Mexican Middle Eastern Spanish Thai Vegetarian	Vietnamese  Other Cooking Style: _____ _____ _____

Date: \_\_\_\_\_ Authorization Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_